| Fill | in this informa | ation to identify yo | our case: | | | | | |
|------------|-------------------------------|-------------------------------------|--------------------------|--|--|----------------|-------------------|---|
| Deb | tor 1 | Kevin W Brii | nze | | | Check | t if this is: | |
| | | | | | | _ | An amended filing | |
| | tor 2 ouse, if filing) | Donna L Bri | nze | | | | | ving postpetition chapter the following date: |
| Unit | ed States Bank | ruptcy Court for the | : EASTE | RN DISTRICT OF PENNS | SYLVANIA | <u></u> | MM / DD / YYYY | |
| | e number 19 | 9-11434 | | | | | | |
| O | fficial Fo | rm 106J | | | | | | |
| S | chedule | J: Your | Exper | nses | | | | 12/15 |
| Be info | as complete ormation. If m | and accurate as | s possible eded, atta | . If two married people a ch another sheet to this | | | | |
| Par | | ribe Your House | ehold | | | | | |
| 1. | Is this a joir | | | | | | | |
| | | es Debtor 2 live | in a separ | ate household? | | | | |
| | = 100. 2 00 | | a copa. | | | | | |
| | `` | | st file Offici | al Form 106J-2, <i>Expense</i> | s for Separate House | ehold of Debto | or 2. | |
| 2. | Do you hav | e dependents? | □ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | _ | | | □ No |
| | dependents | names. | | | Son | | <u>16</u> | ■ Yes □ No |
| | | | | | Daughter | | 19 | ■ Yes |
| | | | | | | | | □ No |
| | | | | | | | | Yes |
| | | | | | | | | □ No |
| 3. | Do your exp | penses include | | No | | | | ☐ Yes |
| | expenses o | of people other t d your depende | han 👝 | Yes | | | | |
| exp | imate your ex | a date after the | our bankr | y Expenses uptcy filing date unless y is filed. If this is a sup | | | | |
| the | | h assistance an | | government assistance cluded it on <i>Schedule I:</i> | | | Your exp | enses |
| 4. | | or home owners and any rent for th | | ses for your residence. | Include first mortgag | e 4. \$ | | 1,100.00 |
| | If not include | ded in line 4: | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. \$ | | 0.00 |
| | | erty, homeowner's | s, or renter | 's insurance | | 4b. \$ | | 0.00 |
| | 4c. Home | e maintenance, re | epair, and ι | upkeep expenses | | 4c. \$ | | 0.00 |
| _ | | eowner's associat | | | | 4d. \$ | | 0.00 |
| 5. | Additional i | mortgage paym | ents for yo | our residence, such as ho | ome equity loans | 5. \$ | | 0.00 |

| | tor 1 tor 2 | Kevin W Donna L | | Case num | ber (if known) | 19-11434 | | | | | |
|-------------|----------------|--|---|------------------------------|---------------------------------------|----------|--|--|--|--|--|
| ^ | 11/11/- | | | | | | | | | | |
| 6. | Utilit 6a. | | , heat, natural gas | 6a. | \$ | 250.00 | | | | | |
| | 6b. | | wer, garbage collection | 6b. | · · · · · · · · · · · · · · · · · · · | 70.00 | | | | | |
| | 6c. | | e, cell phone, Internet, satellite, and cable services | 6c. | \$ | 550.00 | | | | | |
| | 6d. | Other. Sp | | 6d. | \$ | 0.00 | | | | | |
| 7. | | | sekeeping supplies | 7. | \$ | 700.00 | | | | | |
| 8. | | | children's education costs | 8. | \$ | 0.00 | | | | | |
| 9. | - | | dry, and dry cleaning | 9. | \$ | 120.00 | | | | | |
| | | - | products and services | 10. | \$ | 140.00 | | | | | |
| | | | ental expenses | 11. | | 50.00 | | | | | |
| | | | Include gas, maintenance, bus or train fare. | | Ψ | 30.00 | | | | | |
| 12. | | | car payments. | 12. | \$ | 325.00 | | | | | |
| 13. | | | clubs, recreation, newspapers, magazines, and books | 13. | \$ | 10.00 | | | | | |
| 14. | | | tributions and religious donations | 14. | \$ | 0.00 | | | | | |
| 15. | Insu | rance. | • | | | | | | | | |
| | Do n | ot include ir | nsurance deducted from your pay or included in lines 4 or 20. | | | | | | | | |
| | 15a. | Life insura | ance | 15a. | \$ | 0.00 | | | | | |
| | 15b. | Health ins | surance | 15b. | \$ | 0.00 | | | | | |
| | 15c. | Vehicle in | surance | 15c. | \$ | 155.00 | | | | | |
| | 15d. | Other insu | urance. Specify: | 15d. | \$ | 0.00 | | | | | |
| 16. | Taxe | s. Do not in | nclude taxes deducted from your pay or included in lines 4 or 20. | | | | | | | | |
| | Spec | cify: | | 16. | \$ | 0.00 | | | | | |
| 17. | | | ease payments: | | | | | | | | |
| | 17a. | Car paym | ents for Vehicle 1 | 17a. | · | 0.00 | | | | | |
| | | | ents for Vehicle 2 | 17b. | · — | 0.00 | | | | | |
| | | Other. Spe | - | 17c. | \$ | 0.00 | | | | | |
| | | Other. Spe | · | 17d. | \$ | 0.00 | | | | | |
| 18. | | | s of alimony, maintenance, and support that you did not report | | Φ. | 0.00 | | | | | |
| 4.0 | | | your pay on line 5, Schedule I, Your Income (Official Form 106 | 6 I). 18. | | | | | | | |
| 19. | | | s you make to support others who do not live with you. | 4.0 | \$ | 0.00 | | | | | |
| 00 | Spec | , | | 19. | | | | | | | |
| 20. | | | perty expenses not included in lines 4 or 5 of this form or on S | <i>cneaule I: Yo</i> 20a. | | 0.00 | | | | | |
| | | | s on other property | 20a. 20b. | · | 0.00 | | | | | |
| | | Real estat | | | · | 0.00 | | | | | |
| | | | homeowner's, or renter's insurance | 20c. | · | 0.00 | | | | | |
| | | | nce, repair, and upkeep expenses | 20d. | · | 0.00 | | | | | |
| | | | ner's association or condominium dues | 20e. | · | 0.00 | | | | | |
| 21. | Othe | er: Specify: | <u> </u> | 21. | +\$ | 0.00 | | | | | |
| 22. | Calc | ulate your | monthly expenses | | | | | | | | |
| | | • | through 21. | | \$ | 3.470.00 | | | | | |
| | 22b. | Copy line 2 | 22 (monthly expenses for Debtor 2), if any, from Official Form 106J | -2 | \$ | | | | | | |
| | | | 2a and 22b. The result is your monthly expenses. | | \$ | 3,470.00 | | | | | |
| | 220. | rida iirio ZZ | a and 225. The result is your monthly expenses. | | _ | 3,470.00 | | | | | |
| 23. | | - | monthly net income. | | | | | | | | |
| | | | 12 (your combined monthly income) from Schedule I. | 23a. | · - | 4,050.00 | | | | | |
| | 23b. | Copy your | r monthly expenses from line 22c above. | 23b. | -\$ | 3,470.00 | | | | | |
| | | | | | | | | | | | |
| | 23c. | | your monthly expenses from your monthly income. | 220 | \$ | 580.00 | | | | | |
| | | The result | t is your monthly net income. | 23c. | Ψ | 300.00 | | | | | |
| 24. | Do v | OII evnoot | an increase or decrease in your expenses within the year ofto | r vou file this | form? | | | | | | |
| 4 4. | | Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a | | | | | | | | | |
| | | modification to the terms of your mortgage? | | | | | | | | | |
| | ■ N | 0. | | | | | | | | | |
| | □ Y | | Explain here: | | | | | | | | |
| | | - | · · | | | | | | | | |